

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence after initial filing.)

	Application Number	10/583,630-Conf. #3643
	Filing Date	December 22, 2004
	First Named Inventor	Andres M. Lozano
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	8	Attorney Docket Number
		337348067US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Power of Attorney, Recitation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Part 2 Copy of Notice
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Declaration
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

firm name	PERKINS COIE LLP		
Signature			
Printed name	John M. Wecklin		
Date	July 23, 2007	Page No.	42,216

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Date: July 23, 2007Signature: Joyce Doty

(Joyce Doty)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 6918)</i>		Complete if Known	
		Application Number	10/583,630-Conf. #3543
		Filing Date	December 22, 2004
		First Named Inventor	Andrea M. Lozano
		Examiner Name	Not Yet Assigned
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT		(b) \$ 575.00	Attorney Docket No.
337348097US			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input checked="" type="checkbox"/> NTI Account #	SEALPIRM
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:		50-0685	Deposit Account Name: Perkins Coie LLP

For the above-identified deposit account, the filer is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fees(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or undisbursements of (fees) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	100	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description** **Small Entity Fee (\$)** **Fee (\$)**

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	x	-	-	-
HP = highest number of total claims paid for, if greater than 20.						

Intra-Claim Fees Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	250 =	Round up to a whole number x	=	=

4. OTHER FEESNon-English Specification: \$130 fee (no small entity discount) **Fee Paid (\$)**Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00
2051 Surgeonate-Late oath or declaration 65.00

SUBMITTED BY:		Registration No. Inventor Name:	42,216	Telephone:	(206) 359-8000
Signature:	John M. Wachkin	Date:	July 23, 2007		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.8(a)(4).

Dated: <u>July 23, 2007</u>	Signature: 	Joyce Deacon
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